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Section 4:

Aligning Standards,

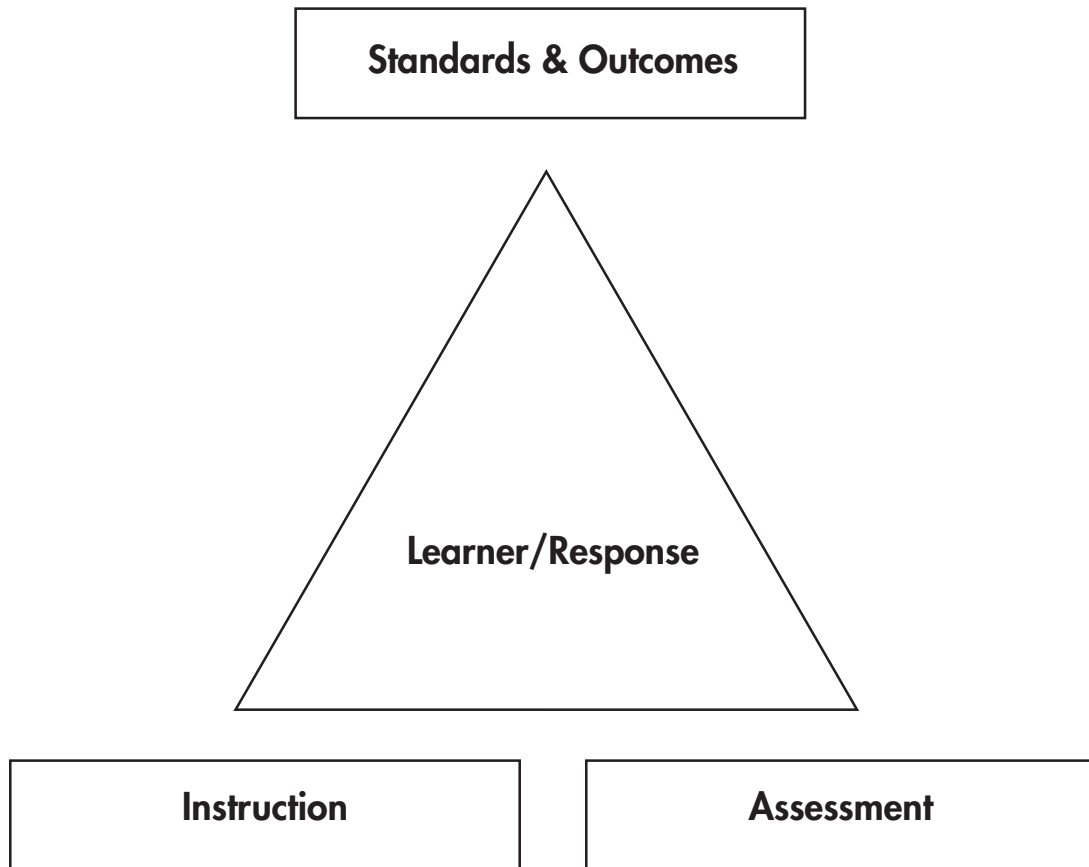
Instruction,

and Assessment

Introduction

This section provides directions and tools to help educators use standards to align skill-based health education curriculum, assessment, and instruction in order to develop health-literate citizens more effectively. Full implementation of health education standards involves changes in curriculum, instruction, and assessment. This section includes practical suggestions and tools for developing a standards-based health education curriculum, selecting or designing effective curricula for the classroom, and using data to drive decision making around health education curricula.

MODEL FOR ALIGNING STANDARDS, INSTRUCTION, AND ASSESSMENT



Standards, Instruction, and Assessment

The need to improve academic outcomes, critical thinking skills, and lifelong learning has resulted in an educational reform movement toward standards-based education. Connecting health and education is a crucial component of any educational reform initiative.

The standards are what all students should know and be able to do upon graduation from a K–12 school district. In Vermont, local control provides the opportunity for districts to determine the standards and outcomes/evidence that would be most appropriate for their students. The articulation of standards provides the opportunity for teachers to discuss what is critical for student learning in a specific content area.

Designing health education curriculum around a common set of targets that are clearly articulated for grades K–12 leads to a coherent, consistent system for student learning. The development of standards-based curriculum is a decision-making process involving the skillful combination and implementation of new units of study, existing/revised units of study, published materials, and learning experiences/routines for the purpose of linking learners with standards within a classroom and across classrooms and grades in a consistent and purposeful way.

This alignment extends to the area of assessment. With the alignment of curriculum and standards, the next question must be, “How will I know if my students have met the standard (target)?” Quality assessments aligned to the curriculum and standards will provide the evidence of student learning. In addition, these assessments will provide the information necessary to teachers who are making instructional decisions on a daily basis.

Ultimately, what is important is that the relationships must be clear and direct among identified standards, the learning-teaching activities selected, and the assessments used to document student attainment of standards.

SAMPLE ALIGNMENT OF STANDARDS, INSTRUCTION, AND ASSESSMENT
NUTRITION/GRADE 4 KNOW YOUR BODY/MODULE 2 BODY FUEL

Standards & Outcomes

3.5 Students make informed, healthy choices that positively affect the health, safety, and well-being of themselves and others.

Core Concepts: Identify the importance of physical activity and healthy food intake as part of a healthy lifestyle.

Goal Setting: Set goals for improving eating and exercise habits and monitor progress.



Learner/Response

Instruction

Know Your Body—Grade 4
(American Health Foundation)
Module 1 Goal Setting
Module 2 Body Fuel

Assessment

Know Your Body Performance
Assessment, Grade 4, Module 2:
Body Fuel

- Create a food log that identifies fat and fiber.
- Set a goal for improving fat and fiber intake.

**SAMPLE ALIGNMENT OF STANDARDS, INSTRUCTION, AND ASSESSMENT
DECISION MAKING/LIFE SKILLS PROGRAM—MIDDLE SCHOOL**

Standards & Outcomes

3. 7 Students make informed decisions.

Analyze influences on decisions to use or not use tobacco, alcohol, or other drugs (e.g., parents and/or other adults, peers, media, culture, and social norms).

Learner/Response

Instruction

Life Skills Training (G. Botvin)
Decision Making Module

Assessment

SCASS HEAP Middle School
Performance Task 511: Benefits of
Being Tobacco Free

Steps for Designing, Coordinating, and Managing Health Education Curriculum, Instruction, and Assessment

In 1978, the Vermont legislature passed the Comprehensive Health Education Law (16VSA§131), which defined the ten components of comprehensive health education and established the statewide Comprehensive Health Education Advisory council. Act 51, mandating alcohol, tobacco, and drug prevention education programs, was passed in 1983. In 1988, the definition of Comprehensive Health Education was clarified and added to the course of study (§906) and thus, mandated in Vermont schools for grades K–12.

In January 1999, the *Vermont School Quality Standards* were published to ensure that all students in Vermont public schools receive quality education to enable them to achieve or exceed the expectations set forth in *Vermont's Framework of Standards and Learning Opportunities*. (Statutory Authority: 16 V.S.A. §§ 164 and 165; Sections 13(b) and (c) of Act 60). This document supports the development of standards-based health education curriculum and assessment.

Designing and implementing a standards-based, comprehensive school health education curriculum is a complex process. The following steps minimize problems and help ensure that the end product, the curriculum, is both comprehensive and sequential.

Step 1: Organize Committee

The school/community health education curriculum committee will have responsibility for the design of the curriculum. The committee may include representation from administration, school staff, school board, health-related groups, family and community members, and students. The committee needs administrative authorization, resources, and clear guidelines for its work. The committee should be provided with an orientation to comprehensive school health education and the process for curriculum design.

Step 2: Frame the Workplan

The committee will use the steps listed here to frame annual plans for its work. Some elements to include in the plan are identifying prospective teachers and other key people who need to be involved in the process, documentation, and process evaluation. The plan should include specific activities, responsibilities, and a yearlong timeline.

Step 3: Investigate Literature, Legislation, and Policies

The committee should become familiar with up-to-date state and national health education research, issues and trends. Key documents include:

- *Vermont's Framework of Standards and Learning Opportunities*
- *Vermont Health Education Guidelines for Curriculum and Assessment*
- Vermont School Quality Standards
- National Health Education Standards

Committee members should also become familiar with federal legislation and programs, state mandates, rules and regulations, and local school policies and procedures related to health education.

Step 4: Communicate and Advocate

At key points, the committee should:

- communicate with stakeholders and decision makers, both within the schools and in the community, regarding the curriculum development process
- advocate for actions that decision makers should take to effectively adopt, implement, and maintain health education

The committee should develop and implement communication and advocacy strategies that stipulate the actions school decision-makers could take and clearly delineate the benefits of these actions. During implementation and maintenance, special attention should be paid to generating visibility, highlighting success stories, and addressing potential controversy effectively.

Step 5: Assess Needs

A review of existing local health data can provide valuable information relating to community needs. Possible sources of local data include (Ellis 1999):

- Vermont Youth Risk Behavior Survey
- Search Institute's *Profile of Student Life: Attitudes and Behaviors*
- Community Profile Data
- other survey data or anecdotes about child and youth risk behaviors
- information on health behaviors valued by the community
- health problems and needs among children and youth identified as priorities by the community

- analysis of community characteristics that increase health risks or support healthy behaviors

Reference: Adapted from J. Ellis, 1999, *Implementing Health Education Standards*, Santa Cruz, CA: ETR Associates.

The needs assessment process provides an opportunity for community members to identify areas of health perceived as most critical for children and youth. The committee could conduct a well-designed needs assessment for the community that promotes public relations, provides information, and secures support for the committee's ongoing efforts. Student input should be solicited to determine students' health needs and interests, as well.

Step 6: Assess Health Education

Assessing the effectiveness of what is currently being taught is important. Curriculum mapping can identify specific topics and/or programs currently being taught, the amount of time allotted to each, teaching methods used, and the process used to assess student achievement. Teachers must indicate which health education concepts they think should be emphasized and the effectiveness of their current instructional practices. Local assessment data also needs to be analyzed. The committee should assess how health education links with other school initiatives, such as development of a local assessment system, Coordinated School Health Programs, Tobacco Grant activities, etc. The *Vermont Health Education Guidelines for Curriculum and Assessment* provides a tool for use in this process.

Step 7: Develop Philosophy and Mission

The committee should develop a philosophy for health education and a mission statement for the committee that reflects the beliefs of the school and community while supporting the overall school vision and mission.

Step 8: Review Resources

The committee should review existing resources prior to writing a curriculum. Many excellent health education resources, both comprehensive and categorical, are available. A number of research-based programs, as well as other excellent programs and materials, can be acquired from the Vermont Education Resource Centers (see Appendix C), health-related agencies and organizations.

Step 9: Write the Curriculum

The curriculum developed by the committee needs to be sequential and comprehensive in nature, merging the health content/risk behavior areas with Vermont Standards. For guidance, schools can refer to the *Vermont Health Education Guidelines for Curriculum and Assessment*. The committee should keep in mind the adolescent health risk behaviors that CDC/DASH has identified as the leading causes of morbidity and mortality among children and youth, which the agency recommends that schools focus their health education programs to address. (See Section 1, Health Education in Vermont.)

The curriculum details what students should know and be able to do at each grade level. Data gathered from Steps 3, 5, 6, and 8 should be used to inform the actual writing of the K–12 curriculum. This process may involve adopting, adapting, or compiling components of existing programs, using criteria for characteristics of effective health education. Schools with an established health education program may need only to revise and update the existing curriculum. The new or revised curriculum should clearly link standards, learning outcomes, instructional methods, and assessment strategies. Effective instruction should engage students and allow time for skill development. Many health issues extend across the curriculum; therefore, the committee should ensure that the health education curriculum coordinates with other subjects.

Step 10: Recommend Policies and Procedures

The committee should advocate for policies and procedures that support both the teacher and the child as learners. Committee members should work collaboratively with the board policy committee to review, develop, and adopt school policies and procedures that support a healthy school climate and reinforce student learning.

Step 11: Secure Curriculum Approval

The committee should present the curriculum for consideration to parents and the community through appropriate forums, such as community and/or PTA meetings. Following the review, the committee may consider revisions. The final curriculum should then be presented to the school board for approval. The board should periodically be updated on the status of the implementation of the health education curriculum.

Step 12: Conduct Professional Development

The committee should provide appropriate, high-quality professional development for teachers and staff to introduce them to the health education curriculum. It is of utmost importance that teachers responsible for implementing the curriculum be provided with adequate knowledge and skills. Ongoing support should be provided based on needs identified by the teachers. Teacher support includes time for attending building or grade-level meetings to share ideas and concerns, plan, resolve common issues, and learn about specific content. It is important to identify key people who will support teachers in the implementation process. Annual orientation should be provided for new teachers and administrators, teachers who have changed assignments, and teachers requiring additional support.

Step 13: Implement Curriculum

Once the curriculum is developed and teachers are prepared, the curriculum is ready for initial implementation. To encourage teachers to initiate the new curriculum, the committee should establish a timeline for field-testing lessons or a unit and develop a feedback process to provide periodic input. At the end of each year, the committee should review teacher feedback and revise the curriculum as needed.

Step 14: Maintain Curriculum

The committee should establish a systematic maintenance plan that maintains the integrity of the curriculum. The plan should include the following strategies.

- Gather teacher feedback and update the curriculum, including instructional ideas and classroom materials, on a yearly basis.
- Establish a screening process for new materials and programs.
- Update school and community members on success stories related to the implementation of the health education curriculum.

Step 15: Evaluate and Revise Curriculum

The committee should ensure that there is a process for evaluating and documenting curriculum effectiveness and identifying intended and unintended consequences. They should consider data from teacher observations and feedback, as well as student data that are intended for curriculum improvement and recommendations.

(Adapted from: Maine Department of Education, *Steps for Designing, Coordinating and Managing Health Education Curriculum, Instruction, and Assessment*, 2001. Katherine Wilbur, Health Education Coordinator.)

Common Characteristics of Effective Curricula

Commercially developed health education programs have been evaluated and researched to determine whether they have had a positive effect on health behaviors. The research, so far, has focused on sexuality education curricula and programs to reduce substance abuse. Those curricula that have shown they can positively affect sexual or substance abuse behaviors share some common characteristics. These characteristics appear to be necessary characteristics—that is, when evaluated programs lacked one or more of these characteristics, they were typically found to be ineffective at changing behavior. The following characteristics of effective programs have been identified.

- **They include basic, accurate information that is developmentally appropriate.**
The programs do not overwhelm students with detailed information, but provide them with the information needed to help make healthy choices. Information was appropriate to the age and stage of development of the students.
- **They use interactive, experiential activities that actively engage students.**
Instructors reached students through active learning methods, not didactic instruction. Students were involved in numerous experiential activities such as small group discussions, games or simulations, brainstorming, role-playing, etc.
- **They provide students an opportunity to model and practice relevant social skills.**
Typically, information about skills was provided, skills were modeled, and an opportunity for skill rehearsal and practice was provided.
- **They address social or media influences on behaviors.**
Students might discuss situations that would lead to pressure to take part in risky behaviors or “lines” that could be used to pressure. Peer norms might be discussed, showing data that the majority of youth their age do not engage in risky behaviors. Media influences on values and beliefs can be addressed.
- **They strengthen individual values and group norms that support health-enhancing behaviors.**
Effective programs did not merely identify pros and cons of risky behaviors, but were clearly directed toward convincing students that choosing healthy behaviors is the right choice.

- **They are of sufficient duration to allow students to gain the needed knowledge and skills.**

In general, it requires considerable time and multiple activities to have an effect on behavior. Short programs that lasted only a few hours do not appear to be effective, while longer programs that had a variety of activities had a greater effect.

- **They are research based and theory driven.**

Programs were based on theoretical approaches that have been demonstrated to be effective in influencing health-related risky behaviors, such as social cognitive theory, social influence theory, etc. They go beyond the cognitive level and focus on recognizing social influences, changing individual values, changing group norms and perceptions about those norms, and building social skills.

- **They include teacher training that enhances effectiveness.**

Teachers who support the program are selected and trained. The training is designed to give teachers and peer leaders information on the program as well as practice using the teaching strategies included in the curricula. Teachers might also receive coaching or follow-up training to improve the quality of their teaching.

Reference: Dusenberry and Falco, 1995; Kirby et al., 1994.

As schools develop their health education curriculum and teachers implement curriculum, instruction, and assessment in the classroom, they can keep in mind the common characteristics noted above in order to help students develop the skills and knowledge that will have positive effects on their health behaviors.



Sample Mapping Tool

To obtain a complete instrument, please contact:
Nancy Emberley (802) 828-5151
or
Lynda Van Kleek (802) 864-4789

Nutrition and Physical Activity (NUT/PA)—Elementary




1.15 Students use verbal and nonverbal skills to express themselves effectively.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Identify the importance of healthy eating and exercise habits for self and others.	AV  Advocacy				
a. Practice effective communication skills when asking adults/caretakers to offer healthy foods and time for physical activity.	IC  Interpersonal Communication				


3.3 Students demonstrate respect for themselves and others.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Recognize that people have different nutritional needs and that healthy body weight varies from person to person. b. Demonstrate support for others and their food selections and activity choices.	RESPECT  Respect				




3.4 Students identify the indicators of intellectual, physical, social, and emotional health for their age and/or stage of development.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Explain how choosing to be active and to eat healthy foods promotes healthy growth and development.	CC  Core Concepts				


3.5 Students make informed, healthy choices that positively affect the health, safety, and well-being of themselves and others.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Identify the importance of physical activity and healthy food intake as part of a healthy lifestyle. b. Describe health reasons for eating according to the Food Guide Pyramid. c. Identify and classify foods according to the Food Guide Pyramid. d. Identify the importance of eating a variety of foods e. Explain how to use basic information found on food labels (e.g., product name, ingredients, nutrient content, storage information).	CC  Core Concepts				


3.5 Students make informed, healthy choices that positively affect the health, safety, and well-being of themselves and others—continued

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
<p>CC</p>  <p>Core Concepts</p> <p>f. Explain the importance of cleanliness when preparing, serving, and eating foods.</p> <p>g. Identify the importance of stretching, warm-up, and cool down exercises.</p> <p>h. Explain the importance of a safe environment and the use of protective equipment for physical activity and sports.</p>					
<p>GS</p>  <p>Goal Setting</p> <p>a. Assess personal eating and physical activity behaviors, set goals for improvement, and monitor progress.</p> <p>b. Demonstrate ways to plan to be active before, during, and after the school day.</p>					
<p>AI</p>  <p>Accessing Information</p> <p>a. Identify reliable sources for information about nutrition and physical activity.</p>					


3.5 Students make informed, healthy choices that positively affect the health, safety, and well-being of themselves and others—continued

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Describe how to select a healthy diet based on the Food Guide Pyramid. b. Explain safe food-handling practices. c. Demonstrate the use of protective equipment for physical activity and sports. d. Describe how to determine if an environment is safe for physical activity and sports.	HC/SM  Healthy Choices/Self Management				

3.7 Students make informed decisions.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Demonstrate decision-making skills regarding food choices and physical activity. b. Identify factors that influence food choices and physical activity.	DM  Decision Making				


3.12 Students use systematic and collaborative problem-solving processes, including mediation, to negotiate and resolve conflicts.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Practice strategies for working cooperatively and respectfully with a group in a competitive as well as a non-competitive situation.	PS&CR  Problem Solving & Conflict Resolution				

5.14 Students interpret and evaluate a variety of types of media, including audio, graphic images, film, television, video, and on-line resources.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Explain how media influences eating and physical activity behaviors.	ML  Media Literacy				

7.14 Students demonstrate understanding of the human body—heredity, body systems, and individual development—and understand the impact of the environment on the human body.

Outcomes: Students will be able to:	Emphasis	Grade Level	Curriculum/Instruction	Assessment	Student Work Available
a. Explain the importance of nutrition and physical activity in maintaining a healthy body systems.	CC  Core Concepts				

